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# Representative Cathy McMorris

Member of Congress  
5th Congressional District ♦ Washington State

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555 South Main Street, Ste C  
Colville, WA 99114  
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Walla Walla District Office  
29 South Palouse Street  
Walla Walla, WA 99362  
Office: 509.529.9358  
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## Request for Congressional Assistance ~ INS

Petitioner \_\_\_\_\_  
FIRST ML LAST

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_  
HOME WORK CELL FAX

Address \_\_\_\_\_ Apt / Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship to Petitioner \_\_\_\_\_

Social Sec # (if held) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Alien Registration# (Green Card) \_\_\_\_\_ Country of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home E-mail \_\_\_\_\_

Form Filed:  I-129  I-485  I-600A  I-765  N-400  Other (specify) \_\_\_\_\_  
 I-130  I-526  I-601  I-824  N-565  
 I-131  I-539  I-612  I-90  N-600  
 I-140  I-600  I-751  G-639  N-643

When form was filed \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_

Receipt Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt # \_\_\_\_\_

Description of issue: \_\_\_\_\_

Desired resolution: \_\_\_\_\_ Other Agency Involved \_\_\_\_\_

### CONSTITUENT PERMISSION

Please Note: The Privacy Act requires that you authorize access to your private records and authorize this office to release information. Without your authorization, an inquiry on your behalf will not be possible.

I, \_\_\_\_\_ hereby request the assistance of the Office of Representative Cathy  
McMorris in resolving the matter described above and authorize Representative McMorris and her staff to receive  
and/or release any information needed in order to provide assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	ROUTING: <input type="checkbox"/> 5N <input type="checkbox"/> 5c <input type="checkbox"/> 5s <input type="checkbox"/> 5w To: _____	Release form mailed <input type="checkbox"/> or faxed <input type="checkbox"/> ____/____/____
	Date of initial contact: ____/____/____ by _____	Signed release form returned ____/____/____
	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Walk-In	Follow-up Interview by ____/____/____